

03500.016164.



PATENT APPLICATION

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of:)	
	:	Examiner: J. Nguyen
AKIHIRO YAMANAKA et al.)	
	:	Group Art Unit: 2861
Application No.: 10/066,623)	
	:	
Filed: February 6, 2002)	
	:	
For: LIQUID SUPPLY SYSTEM,)	
INK JET RECORDING	:	
HEAD, INK JET)	
RECORDING APPARATUS	:	
AND LIQUID FILLING)	
METHOD	:	April 8, 2004

Mail Stop Non-Fee Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

AMENDMENT
AND
SUBMISSION OF CORRECTED FORMAL DRAWING

Sir:

In response to the Office Action dated February 9, 2004, please amend the
above-identified application as follows:



In re Application of: Docket No.

AKIHIRO YAMANAKA et al.

03500.016164.

Application No.: 10/066,623

Examiner: J. Nguyen

Filed: February 6, 2003

Group Art Unit: 2861

For: LIQUID SUPPLY SYSTEM, INK JET
RECORDING HEAD, INK JET RECORDING
APPARATUS AND LIQUID FILLING METHOD

Date: April 8, 2004

Mail Stop Non-Fee Amendment
THE COMMISSIONER FOR PATENTS
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Transmitted herewith is an Amendment And Submission Of Corrected Formal Drawing in the above-identified application.

☒ No additional fee is required.

The fee has been calculated as shown below

CLAIMS AS AMENDED						
	(2) CLAIMS REMAINING AFTER AMENDMENT		(4) HIGHEST NO. PREVIOUSLY PAID FOR	(5) PRESENT EXTRA	RATE	ADDITIONAL FEE
TOTAL CLAIMS	* 230	MINUS	** 253	= 0	x \$9 \$18	0
INDEP. CLAIMS	* 3	MINUS	*** 3	= 0	x \$43 \$86	0
Fee for Multiple Dependent claims \$145°/\$290						
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT---						-0-

* If the entry in Column 2 is less than the entry in Column 4, write "0" in Column 5.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space.

- ☐ Verified Statement claiming small entity status is enclosed, if not filed previously.
- ☐ A check in the amount of \$_____ is enclosed.
- ☐ Charge \$_____ to Deposit Account No. 06-1205. A duplicate copy of this sheet is enclosed.
- ☒ Any prior general authorization to charge an issue fee under 37 C.F.R. 1.18 to Deposit Account No. 06-1205 is hereby revoked. The Commissioner is hereby authorized to charge any additional fees under 37 C.F.R. 1.16 and 1.17 which may be required during the entire pendency of this application, or to credit any overpayment, to Deposit Account No. 06-1205. A duplicate copy of this paper is enclosed.
- ☐ A check in the amount of \$_____ to cover the fee for a _____ month extension is enclosed.
- ☐ A check in the amount of \$_____ to cover the Information Disclosure Statement fee is enclosed.
- ☒ Applicants' undersigned attorney may be reached in our Costa Mesa, CA office at (714) 540-8700. All correspondence should continue to be directed to our address given below.

Respectfully submitted,


Attorney for Applicants

Registration No. 32622

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Facsimile: (212) 218-2200

Form #120

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